CLAIMS ONLY

Application Number	Filing Date
10815947	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	1						51						
2		\					52						
3		\					53						
4		\					54						
5		\					55						
6		\					56						
7		\					57						
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12	\						62						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	3						Total Indep						
Total Depend	20						Total Depend						
Total Claims	23						Total Claims						